

Please Circle Shirt Size U4-U8:

Youth Medium

Youth Large

:Desktop-SYS-SYS 2016 Registration Forms

Youth Small

Shirley Youth Soccer

Fall 2016 Registration Form U4-U8

U6: Must be 5y by 8/1/16 **U8:** Must be 6y by 8/1/16 Child age on 8/1/16 _____ Player/Parent Information: Player Name: ______DOB: _____Male/Female Parent/Guardian Name: Address: Best contact #: Email:_____ Helping with Coaching/ Assistant Coaching Player age group played in Spring 2016 (if any): Emergency Contact / Health Insurance Information: Emergency contact Name: Emergency phone #: Health Insurance: ID #:_____ Does child have any allergies/medical conditions:_______ Please describe on back of form in detail. Injury Waiver/Parental Permission for Emergency Treatment: I hereby absolve the SYS club; including all coaches, managers, officers and other participating in league activities from all liability and will not hold them responsible for injury incurred to the registered player and hereby give approval to my child's participation in this league. It is my understanding that the SYS board has authority to suspend registered players for poor behavior detrimental to the purpose of the league. In case of emergency, I give permission to secure medical treatment at the most readily available hospital emergency room. I accept full financial responsibility for medical care of the registrant. Prices: Registration Deadline 8/21/2016 (\$10 late fee after 8/21/16) U4:\$30.00 Checks Payable to: Shirley Recreation Official Use Only U5:\$30.00 Mail to: 7 Keady Way; Shirley, MA 01464 Check #:_____ U6:\$35.00 Pay/Register online: www.shirley-ma.gov Date Rcd:____ U8:\$50.00 *Includes game shirt purchase* Amt Pd:_____